PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE PEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a sensorate "FIFE ATHREPSS" for

maintenance fee notifica		accurate in therea 1, 03 5	a) shearling a new ran	esimmente annese	, amove (o) morearing a set	satate t.t.e: VDDKE22, 100
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
30689	7590 05/29	9/26/9	ti.			
DEERE & COMPANY ONE JOHN DEERE PLACE MOLINE, IL 61265				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimite transmitted to the USPTO (571) 273-2885, on the date indicated below.		
				***************************************	***************************************	(Depositor's name)
				(Signature)		
			<u></u>	***************************************	***************************************	(Date)
		``````````````````````````````````````	***************************************		**************************************	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/696,788	19/30/2003		Shufeng Han		16569-US	8112
1 (4 A A D ) (1 A Y L A Y 1 D ) (4	· vamouray octor	CCC 3131EM RAYEN	3 CONTENSATION PC	K AMINITENS IN	GROUND ELEVATION	
APPLM, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE TOTAL PEE(8) DUI	DATEDUE
nonprovisional	Ю	\$1510	\$300	\$0	\$1810	08/31/2009
EXAMINER		ARTUNIT	CLASS-SUBCLASS			
DIACOU, ARI M		3663	701-023000			
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> <li>ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered attorney or agent) and the names of up to 1 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.			
PLEASE NOTE: Unit recordation as set font (A) NAME OF ASSIGNED EERE & CO	ess an assignee is ident h in 37 CPK 3.11. Comp NEE. MPANY	ified below, no assignee pletion of this form is NO	data will appear on the T a substitute for filing a (B) RESIDENCE: (CTI NE JOHN DEE	patent. If an assign a assignment. Y and STATE OR C RE PLACE,	OUNTRY) MOLINE, ILLI	
Please check the appropri	iate assignee category or	categories (will not be pr	rinted on the patem);	Individual Al Ce	rporation or other private gr	oup entity Government
4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)    Sissue Fee						
5. Change in Entity Stat a. Applicant claim	i <b>ns</b> (from status indicate s SMALL ENTITY state				L ENTITY status. See 37 C	
NOTE: The Issue Fee and	d Publication Fee (if requestions of the United Sta	uired) will not be accepted tes Patent and Trademark	d from anyone other than	the applicant; a regi	stered attorney or agent; or t	he assignee or other party in
Authorized Signature	Marilya	5-24/202	ing.	Date <u>A</u>	418,2009	
Authorized Signature // State						
This collection of inform an application. Confident submitting the completed his form and/a suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	cappiscation form to the one for reducing this but irginia 22313-1450. DC	FR 1311. The information U.S.C. 122 and 37 CFR 145PIO. Time will vary rden, should be sent to the NOT SEND FEES OR (	on is required to obtain or 1,14. This collection is a depending upon the ind a Chief Information Offi COMPLETED FORMS	retain a benefit by the stimated to take 12 n tvidual case. Any co- cer, U.S. Patem and ' TO THIS ADDRESS	ne public which is to file (an nimutes to complete, includir mments on the amount of ti Frademark Office, U.S. Dep , SEND TO: Commissioner	d by the USPTO to process) ig gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.